



CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

RECEIVED

OCT 25 2004

Technology Center 2600

on _____

10-14-04

Jeffrey R. Kuester

A handwritten signature in black ink, appearing to read "Jeffrey R. Kuester".

In Re Application of:

Hrastar et al.

Confirmation No.: 5368

Serial No.: 09/760,961

Group Art Unit: 2661

Filed: January 16, 2001

Examiner: Ton, Anthony T.

Docket No.: A-7145

For: **Methods for Dynamically Assigning Link Addresses Logical Network Addresses**

The following is a list of documents enclosed:

Return Postcard
Amendment Transmittal
First Response (with Amendments)

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

AMENDMENT TRANSMITTAL LETTER (LARGE)Applicant(s): **Hrastar et al.**

Docket No.

A-7145Serial No.
09/760,961Filing Date
January 16, 2001aExaminer
Ton, Anthony T.Confirmation No.
5368Group Art Unit
2661**Invention: Methods for Dynamically Assigning Link Addresses for Logical Network Addresses****RECEIVED**

Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450

OCT 25 2004**Technology Center 2600**

Transmitted herewith is the First Response (with Amendments) in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	22 -	22 =	0	X \$18.00	\$0
INDEP. CLAIMS	2 -	3 =	0	X \$88.00	\$0
Multiple Dependent Claims (check if applicable)	<input type="checkbox"/>			\$300.00	\$0
EXTENSION FEE	1ST MONTH <input type="checkbox"/> \$120.00	2ND MONTH <input type="checkbox"/> \$430.00	3RD MONTH <input type="checkbox"/> \$980.00	4TH MONTH <input type="checkbox"/> \$1530.00	\$0
Other Fees:					\$0
			TOTAL ADDITIONAL FEE FOR THIS AMENDMENT		\$0

- No additional fee is required.
 Please charge Deposit Account No. _____ in the amount of _____.
 A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
 A Credit Card Payment Form PTO-2038 is attached in the amount of \$ _____.
 The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

Jeffrey R. Kuester, Reg. No. 34,36710-14-04

Date